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PARENTS & PATENTS

**REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  
FY 2008**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number	10/019,067-Conf. #7795	Filed	June 28, 2002
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For **DIAGNOSIS OF GLUTEN SENSITIVE ENTEROPATHY AND OTHER AUTOIMMUNOPATHIES**

Art Unit	1641	Examiner	G. W. Counts
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This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

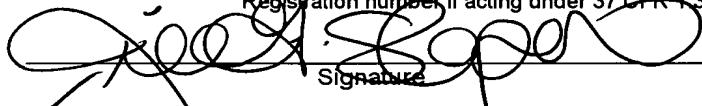
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 525.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____

- Applicant claims small entity status. See 37 CFR 1.27.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

- I am the  applicant/inventor.  
 assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
 attorney or agent of record. Registration Number 60,760  
 attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34

  
Signature

January 24, 2008

Date

Jill Gorni Sloper, Esq.  
Typed or printed name

(617) 994-0791

Telephone Number

**NOTE:** Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

01/28/2008 SSITHIB1 00000001 120080 10019067

02 FC:2253 525.00 DA

Express Mail Label No. EM 194 130 279 US Dated: January 24, 2008